

Foster Family Home - Deficiency Report

Provider ID: 1-560715

Home Name: Nancy Lopez, CNA

Review ID: 1-560715-11

91-572 Akua Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706


Begin Date: 6/23/2022


Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and


Comment:

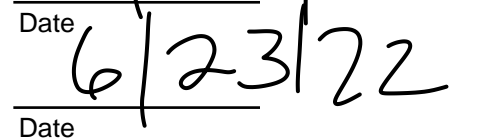
6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.



Compliance Manager


Primary Care Giver



Date


Date